

## Elevator Subcode Plan Review Of Building Construction Plans/Specs

<b>Project Name</b>			
<b>Street Address</b>			
<b>Municipality</b>	<b>County</b>	<b>Block</b>	<b>Lot</b>

<b>Applicant</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>

<b>Architect/Engineer</b>			
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Phone</b>

<b>Project Specifications:</b>				
<b>Building Use Group:</b>				
<b>Building Description (Circle one) :</b>				
<b>New</b>	<b>Existing</b>	<b>Addition</b>	<b>Other</b>	
<b>Number of Devices:</b>				
<b>Device Use:</b>				
<b>Passenger</b>				
<b>Service</b>				
<b>Freight/Loading</b>				

<b>CODES&amp;YEAR:</b>	
<b>BOCA</b>	
<b>A17.1</b>	
<b>NEC</b>	
<b>A117.1</b>	

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Number of Devices: \_\_\_\_\_

Device Type: Traction \_\_\_\_\_ Hydro \_\_\_\_\_ Roped Hydro \_\_\_\_\_ Other \_\_\_\_\_

Number of Hoistway Openings: Front \_\_\_\_\_ Rear \_\_\_\_\_

Hoistway Entrance Type: Width \_\_\_\_\_ Height \_\_\_\_\_

Cab Height Dimension: Clear \_\_\_\_\_ Overall \_\_\_\_\_

Cab Platform Outside Dimension: Width \_\_\_\_\_ Depth \_\_\_\_\_

Cab Platform Clear:Dimension: Width \_\_\_\_\_ Depth \_\_\_\_\_

Car Capacity \_\_\_\_\_ Speed: \_\_\_\_\_

	Width	Depth	Height
Hoistway			
Clear Overhead			
Pit			
Machine Room			
Machinery Space			

Is space under the pit occupied? \_\_\_\_\_

Machine Room Location: Floor \_\_\_\_\_ Adjacent \_\_\_\_\_ Remote \_\_\_\_\_

Is access to the machine room/machinery space code compliant? \_\_\_\_\_

Is access to the pit code compliant? \_\_\_\_\_

When applicable, is access to the governor code compliant? \_\_\_\_\_

Is the Machine Room space clear of pipes and unrelated equipment? \_\_\_\_\_

Is the Machinery Space clear of pipes and unrelated equipment? \_\_\_\_\_

Is the Hoistway Space clear of pipes and unrelated equipment? \_\_\_\_\_

Are the electrical switches, receptacles, lighting, disconnecting means, etc. provided as required by  
National Electric Code 620 ? \_\_\_\_\_

Is the Machine Room vented? \_\_\_\_\_

Is venting of the hoistway required? \_\_\_\_\_

If yes, is the hoistway vented? \_\_\_\_\_

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When the information about which Seismic Exposure Group and which Seismic Performance Category a building is assigned to is not provided, the elevator subcode official should request it from the building subcode official or agent, authorized by the owner for the project.

What is the Seismic Hazard Exposure Group? I \_\_\_\_\_, II \_\_\_\_\_, III \_\_\_\_\_

What is the Seismic Performance Category? A \_\_\_\_\_, B \_\_\_\_\_, C \_\_\_\_\_

**BOCA Table 1610.1.7  
Seismic Performance Categories**

Effective peak velocity – Related acceleration ( $A_v$ )	Seismic Hazard Exposure Group			
	I	II	III	In N.J. – Exempted from the Seismic design requirements of Sec. 1610.6 as per Exception 4
$A_v < 0.05$	A	A	A	
$0.05 \leq A_v < 0.10$	B	B	C *	
$0.10 \leq A_v < 0.15$	C	C *	C *	
$0.15 \leq A_v < 0.20$	C	D	D	Does not apply to N.J.
$0.20 \leq A_v$	D	D	E	

\* In N.J. -- Shall comply to the applicable seismic requirements of Sec 1610.6

Only when a building is assigned to IIC or IIIC, a comment should be issued requiring the applicant to ensure/confirm that the design and construction of the elevator components and system in the building complies to the applicable seismic requirements of BOCA Sec. 1610.6.

The Total Travel Distance is \_\_\_\_\_

When the total travel distance is less than that required by BOCA Rule 3006.2, obtain the following information:

Is the elevator(s) a part of an accessible route(s)? \_\_\_\_\_

Is the elevator(s) approved to serve as an accessible means of egress? \_\_\_\_\_

**If the answer is yes to any of these questions, a Firefighter Operation is required.**

Firefighter Operation: Yes \_\_\_\_\_ No \_\_\_\_\_

Are all the smoke detectors that are required by code provided? \_\_\_\_\_

Are Sprinklers in the Machine Room? \_\_\_\_\_ Machinery Space? \_\_\_\_\_ Hoistway? \_\_\_\_\_

Are the "Means" (Shunt Trip) to disconnect power to the elevator(s) provided? \_\_\_\_\_

Does the platform size conform to A117.1? \_\_\_\_\_

When applicable does the elevator conform to BOCA 403.8? \_\_\_\_\_

Review Date: \_\_\_\_\_ Reviewer \_\_\_\_\_

Review Date:\_\_\_\_\_Reviewer\_\_\_\_\_

Plans and Specifications released by Elevator Subcode on: (Date)\_\_\_\_\_

Elevator Subcode Official	_____	_____	_____
	Print Name	License #	Signature

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## Comments

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